

**CALIFORNIA BOARD OF OCCUPATIONAL THERAPY**

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State of California  
Department of Consumer Affairs  
Gray Davis, Governor



**ENDORSEMENT FORM**

**TO: State Licensing, Registration or Certification Board**

STATE BOARD NAME

STREET ADDRESS, P.O. BOX

CITY

STATE

ZIP CODE

I am applying for licensure/certification as an occupational therapist or occupational therapy assistant with the California Board of Occupational Therapy (BOT) and verification of my licensure/registration/certification status by your agency is required. I hereby authorize your agency to release information concerning my licensure/registration/certification status to the BOT.

APPLICANT'S NAME (PRINT OR TYPE)

DATE OF BIRTH

SIGNATURE OF APPLICANT

SOCIAL SECURITY NUMBER

*Applicant complete above  
Licensing Agency complete below*

This is to certify that \_\_\_\_\_ was issued  
(name)  
license/registration/certificate number \_\_\_\_\_ on \_\_\_\_\_ as an \_\_\_\_\_  
(Title of License)

Said license/registration/certificate will expire or expired on \_\_\_\_\_.

1. Have any complaints been filed against this individual? \_\_\_\_ Yes \_\_\_\_ No \_\_\_\_ UTA\*
2. Is there a pending investigation against this individual? \_\_\_\_ Yes \_\_\_\_ No \_\_\_\_ UTA\*
3. Has any disciplinary action been taken against this individual? \_\_\_\_ Yes \_\_\_\_ No \_\_\_\_ UTA\*

\*Unable to answer

If the answer(s) to question 1, 2 or 3 is "yes", please provide any information and documentation that may be released, including the charges and final disposition. If the information responsive to this request is not public information, the BOT can receive this information in confidence and the information will be privileged from disclosure under California Evidence Code Section 1040. Please designate any confidential documents by marking each page "Confidential" in the top right hand corner. Please return this completed form to the BOT at the address listed above. Thank you.

Verified by \_\_\_\_\_

Print name \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

Telephone Number \_\_\_\_\_

SEAL